



Vermont Department of Taxes
Business Tax Division
PO Box 547
Montpelier, VT 05601-0547

Phone: (802) 828-2551, option #3
Fax: (802) 828-5787

NOTICE OF CHANGE

Form
B-2a

Complete Section A with information as it currently is in our files. Any corrections should be made in Section B.

A Federal ID Number	VT Account Number
Registered Business Name	
Address	
City, State, ZIP Code	

B Check all appropriate boxes below and mail to us at the address above.

☐ Cancel Account*

Tax Type: _____ Account No: _____ Date taxable activity discontinued: ____/____/____

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Tax Type: _____ Account No: _____ Date taxable activity discontinued: ____/____/____

* If you are requesting a cancellation of a Sales and Use tax and/or Meals and Rooms tax account(s), please also enclose the tax license you were issued, or explain the absence of same below (i.e.: lost, destroyed, etc.). LICENSES ARE NOT TRANSFERABLE TO NEW OWNER OR ENTITY.

☐ Add _____ Tax Type to this account beginning _____

☐ Name, Address, Federal ID No. changed as noted below.

☐ NEW Name _____

☐ NEW Address _____

☐ NEW Federal ID Number _____

☐ Business sold to: _____ Date sold: ____/____/____

☐ Change of entity type** (*Example:* Sole Proprietor to Corporation). Describe: _____

** You may use this form to cancel the original account, but you need to register the new entity by completing Form S-1, Application for Business Tax Account. Both returns can be mailed in the same envelope.

C

Reason for requesting this change: _____

D		
Signature of Officer or Authorized Agent	Title	Date
Printed Name of Officer or Authorized Agent	Phone Number	E-mail address